| POSITION | INITIALS | ID NO. | DATE |
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| | | | 12/4/44 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
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## INDEX OF CLAIMS

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| ........... Rejected | | N | ............................... Non-elected |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)